FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 742473

Corporation Name

COUNTRYSIDE COVENANT CHURCH OF CLEARWATER, INC.

Principal Place of Business 2289 N. HERCULES AVENUE CLEARWATER..FL 34623-2326

2. Principal Place of Business

Mailing Address

2a. Mailing Address

2289 N. HERCULES AVENUE CLEARWATER..FL 34623-2326

FILED Mar 04, 1999 8:00 am § Secretary of State

03-04-1999 90107 011 ****61.25

3. Date Incorporated or Qualifed

162674 90107 11

21		26	_					04/14	/1978								
Suite, Apt.	#, etc.	1	Suite, Apt. #	, etc.	•	· · · ·	4	. FEI Nu	ımber					A	pplied f	or	
22			27					51-0234469						Not Applicable			
City & State City & State							5	. Certifo	ate of Sta	itus Desi	ired			\$8.75			
28						*****								Fee R	equired	<u> </u>	
Zip	Country Zip				Country			6. Election Campaign Financing						\$5.00 May Be			
24	25	29		30	Trust Fund Contribution								to Fee	s			
	9. Name and Address of Current	Regi	stered Agent				10	0. Name	and Add	ress of	New R	legister	red Ag	ent			
					81	Name A	Inw	. بدت ا	Al	an							
ANWAY, A	LLAN				82	Street Ad	ddress ((P.O./Bo)	k Number	is Not A	ccepta	ıble)					
	RCULES AVE					228	89	<i>N. 1</i>	4erc	ules	· A	ve.					
CLEARWA	TER FL 34623				83	•											
					84	City								85 Zip	Code		
								ate							376		
11. Pursuant	to the provisions of Sections 617.0502 egistered agent, or both, in the State of	and	617.1508, Flor	ida Statutes, t	he above	-named co	orporation's h	on submi	its this sta	tement f	for the	purpose	e of cha	anging it	s regist egistere	ered	
office or r agent. I a	egistered agent, or both, in the State of m familiar with, and accept the obligati	ions o	ida. Such char if, Section 617.	.0503, Florida	Statutes.		auon a L	∇		. noredy	Goodh	, ap		_			
SIGNATURE	Alan Anway		hairma	_	ر	Alan	n d	Yyu	way	1				18/9	9_	_	
	Signature, typed or printed name of registered agent			(NOTE: Regi		signature requ	nertw beniup			NOE6 -		DATE		DIDECT	200 11	142	
12.	OFFICERS AND) DIR			13.			ADDITIO	ONS/CHA	INGES I	O OFF	-ICERS		Change		Addition	
TITLE	π			ELETÉ	1.1 TITLE								L	_ Change	<u></u>	Addiddii	
NAME	PETERSON, JACK A				1.2 NAME												
STREET ADDRESS	1435 WESTLAKE BLVD			1	1.3 STREET	ADDRESS										.	
CITY-ST-ZIP	PALM HARBOR FL 34683				1.4 CITY-ST									40		A -4 -4101 "	
TITLE	SD			DELETE	2.1 TITLE		SD	ı	٠.	-4			2	Change	السا	Addition	
NAME	SMITH, TONY				2.2 NAME		iar	son,	Rob	ert							
STREET ADDRESS	W89 N HERCULES AVE				2.3 STREET	ADDRESS	213	4 B	يورام	erk	cac	3					
CITY-ST-ZIP	CLEARWATER FL 34623				2.4 CITY-S	r-zip (<u> </u>	rwa	<u>ter</u>	<u>FL</u>	<u> 33</u>	<u> 163</u>				4 1 1111	
TITLE	VPD			DELETE	3.1 TITLE								L	_ Change	البا	Addition	
NAME	CHRISTENSEN, GORDON				3.2 NAME	-											
STREET ADDRESS	2289 N HERCULES AVE				3.3 STREET	ADORESS										ļ	
CITY-ST-ZIP	CLEARWATER FL				3.4. CITY-S	T-ZIP											
TITLE				ELETE	4.1 TITLE									Change		Addition	
NAME				- 1	4. 2 NAME												
STREET ADDRESS				1	4.3 STREET	ADDRESS											
CITY-ST-ZIP					4.4 CITY-ST	-ZIP											
TITLE				ELETE	5.1 TITLE								Ξ] Change		Addition	
NAME					5.2 NAME											t	
STREET ADDRESS	·			I	5.3 STREET	ADDRESS											
CITY-ST-ZIP					5.4 CITY-ST	-ZIP											
TITLE				DELETE	6.1 TITLE									Change		Addition	
NAME .					6.2 NAME											ļ	
STREET ADDRESS					6.3 STREET	ADDRESS]	
CITY ST 7ID	`				6.4 CITY-ST	r-ZIP										[

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/18/99 727-726034

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